



BASIC ELIGIBILITY

IHS/THP Eligibility and Enrollment Verification

HEC Training Team 2015

**Presented by
John W. King, Jr., MAIT
Training Specialist**



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century

VA Working With Tribal Governments to Serve Veterans in Indian Country



**Working with
Tribal Governments
to Serve Veterans
in
Indian Country**

Chief Business Office Purchased Care

The VA IHS/THP Reimbursement Agreements Program provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaska Native (AI/AN) Veterans. This program is part of a larger effort set forth in the VA and IHS Memorandum of Understanding signed in October 2010 to improve care coordination and access to care for our nation's Native Veterans.

<http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp>

Objectives

- Review ways IHS/THP facilities can verify AI/AN Veteran eligibility
- Review Methods to Apply for Enrollment in VAHCS
- Review Enrollment Terminology
- Review Enrollment History
- Define Elements of Basic Eligibility
- Understand Minimum Duty Exclusions
- Outline the Medical Benefits Package
- Review Enrollment Priority Groups
- Review the Enrollment Process
- Discuss Veterans Health Identification Card

Here are ways IHS/THP Facilities can Verify American Indian (AI)/Alaskan Native (AN) Veteran Eligibility

Health Resource Center (HRC)

Contact HRC at (877) 222-VETS X 8387

Secure Data Transfer

Facilities can use the IHS Secure Data Transfer Service to request enrollment/eligibility information from the VA Health Eligibility Center (HEC) using the [HEC Eligibility and Enrollment Verification Template](#). The IHS Secure Data Transfer is made available by IHS on a limited basis to enable the THP and IHS facilities to initially acquire a comprehensive listing of all their AI/AN Veteran enrollment and eligibility.

Contact VA HEC Enrollment & Eligibility Division

IHS/THP staff can contact the VA HEC directly by phone if the staff is checking the enrollment/eligibility on less than five Veterans; (855) 488-8441, Monday to Friday, between the hours of 7:00 AM and 5:30 PM (Eastern Time).

The Veteran's name and social security number will be required.

VA HEC can provide basic eligibility information over the phone (enrolled y/n, enrollment date).

Contact the local VA Medical Center by Telephone

IHS/THP staff can contact the local VA medical center to verify the AI/AN Veteran's VA enrollment/eligibility via telephone call by calling the VA Benefits Manager listed in the completed IHS/THP Implementation Plan (page 6).

It is recommended that IHS/THP staff work through the local VA medical center enrollment and eligibility coordinator to help determine if the Veteran is eligible for other limited benefits.

Use Facility Locator

<http://www.va.gov/directory/guide/home.asp?isflash=1>

Documentation Provided by Veteran

IHS/THP staff may request documentation (DD214) or information regarding Veteran's specific VA health care eligibility or/and service connection disability directly from the Veteran (e.g., VA letter, etc.).

How Can Our Native and Alaskan Veterans Enroll in the VA Health care System?

On-Line, Telephone, Mail or In Person

On-Line Application (VONAPP)

<http://vabenefits.vba.va.gov/vonapp/>

By Telephone

(855) 488-8441

Monday to Friday, between the hours of 7:00 AM and
5:30 PM (Eastern Time).

By mail to Nearest VAMC

Eligibility Office

or

Send to HEC

2957 Clairmont Road Suite 200

Brookhaven, GA 30329-1647

Signature Eliminated for Online 10-10EZ, Application for Health Benefits

<https://www.1010ez.med.va.gov/sec/vha/1010ez/>

- Now applying online for VA health services is easier and faster than ever! VA has launched another improvement to the Online Application for Health Benefits, VA Form 10-10EZ. VA has removed the signature requirement for Veterans who electronically submit an online 10-10EZ “Application for Health Benefits”, part of VA’s efforts to streamline access to benefits. Previously, Veterans filling out the online application were required to print a copy, sign it and send it to their local medical center, or wait for a copy to be mailed to them for signature and mailing before enrollment in the VA healthcare system could occur. This change will reduce the enrollment process for Veterans applying online substantially, and provide Veterans quicker access to their benefits.
- Another significant enhancement allows Veterans to save their application to their computer. Previously, Veterans had to complete the form in a single session. If the Veteran was interrupted or needed additional time to find documents, the session timed out, requiring the Veteran to start all over. Now Veterans are able to retain a partially completed form on their computer for completion at a later time. They can also save a copy of the completed form for their personal records.
- The new and improved online form provides enhanced navigation features that will make it easier for Veterans to complete the form. This new version also reduces the number of questions Veterans must answer to apply for VA health benefits.

Basic Terms

The term eligible AI/AN Veteran for the IHS/THP reimbursement agreement program means an AI/AN Veteran who has the following qualifying criteria:

1. Eligible for services from IHS/THP in accordance with 42 CFR Part 136, and... VA does not determine tribal eligibility or enrollment; the IHS/THP is responsible for ensuring that a Veteran being treated at a tribal health facility is eligible to receive such services.
2. AI/AN Veteran enrollment in the VA Healthcare System of patient enrollment is a requirement and condition for receiving the 'Medical Benefits package' set forth in § 17.38 under the IHS/THP reimbursement agreement program, in accordance with 38 U.S.C. § 1705 and 38 CFR § 17.36 or is eligible for hospital care and medical services.

Basic Terms

Registration vs. Enrollment

- **Registration** occurs in the VISTA
- **Enrollment** occurs in the Enrollment System

Ineligible vs. Rejected

- **Ineligible** means no qualifying period of service – notification by facility
- **Rejected** means qualifying period of service but income over the threshold or no income information provided – notification by HEC

Basic Terms

Compensable vs. Non-compensable

- **Service-connected (SC)** Veterans who are disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service-connected.
- **Non-service Connected (NSC)** An eligible veteran who has been discharged from active military duty, and does not have a VA adjudicated illness or injury incurred in or aggravated by military service.
- **Compensable** means a Veteran is in receipt of monetary benefits related to a service related illness, disease, or injury.
- **Non-compensable** means a Veteran is “Not” in receipt of monetary benefits related to a disease, injury or illness related to military service

Basic Terms

- **Non-service Connected (NSC) Pension** A benefit program for qualifying Veterans with low income who are either permanently and totally disabled or age 65, and have 90 days or more of active military service, at least one day of which was during a period of war. Note: Veterans who entered active duty on or after Sept. 8, 1980, or officers who entered active duty on or after Oct. 16, 1981, may have to meet a longer minimum period of active duty. Additionally, the Veteran's discharge must have been under conditions other than dishonorable and the disability must be for reasons other than the Veteran's own willful misconduct. The current pension program is called Improved Disability Pension. Other grandfathered pension programs remain.

Basic Terms

Means Test Threshold vs. Geographic Means Test Threshold (GMT)

- **Means Test Threshold** - A *national income* limit irrespective to where the Veteran reside.

Note: Priority Groups 2-3 are **NOT** required to complete a Means Test; **they may elect** to complete a copay test to determine copayments for medications not related to service connection.

- **Geographic Means Test Threshold (GMT)** – Base on the cost of living for a specific locale.

Note: Priority Groups 7 (GMT) will never be rejected for care. Veterans are required to make full copayments for outpatient care and 20 percent of inpatient copayments.

Reference: IB-497 (http://www.va.gov/healthbenefits/resources/publications/IB10-497_means_test_GMT_and_pension_threshold_dec2012.pdf)

Basic Terms

Rejection and Overrides:

HEC staff can override erroneous rejections in the system for the following reasons:

- Proof of prior attempted enrollment **between** 10/1/1996 through 1/16/2003 (*i.e. Form 1010, a consult which indicates service provided after 1996, or medical note after 1996*)
- Proof of administrative error (*i.e. W2 indicating \$10,000 where the financial Vista screen reflects \$100,000*)

Cancel /Decline Process Request

Health Eligibility Center has guidelines for VHA Enrollment Coordinators and VA Medical Center staff for processing cancel and decline request from Veterans.

In accordance with Title 38 Code of Federal Regulations, Section 17.36, a Veteran enrolled in the VA health care system will be dis-enrolled only if the Veteran:

- Signed and dated document stating that the Veteran no longer wishes to be enrolled.
- Document must be submitted to a VA Medical Center, the VA Health Eligibility Center (HEC) or an equivalent VA official.
- Encourage submission of the documentation directly to:
- Performance measure require requests for cancel/decline to be processed within seven days from the date of receipt.
- VAMCs should forward requests via HEC Alert & attaching the Veterans request
- HEC will contact the Veteran via 620A letter (3 attempts) to confirm the request to disenrollment, identify alternative healthcare coverage options being considered and counsel Veterans as to health care law impacts. HEC notifies site upon completion.

**Health Eligibility Center
2957 Clairmont Road
Atlanta, GA 30329**

Cancel/Decline Letter 620A Sample

193H/006

«Title», «FirstName» «LastName»
«Address1»
«City», «State» «PostalCode»

«LastName»,«FirstName»
SSN: «SSN»

Dear «Title». «LastName»:

We received your notice that you do not wish to be enrolled in the Department of Veterans Affairs (VA) health care system and have taken the necessary action to cancel your enrollment.

Why Enrollment Is Important?

In 1998, VA established an enrollment system to assist in managing the delivery of health care to veterans. At the same time, VA defined the health care services included in its Medical Benefits Package.

Most veterans must be enrolled to receive health care coverage under the Medical Benefits Package. Enrollees are classified in enrollment “priority groups” with Priority Group 1 having the highest priority and Priority Group 8 having the lowest priority. Each year, the Secretary of Veterans Affairs is required to determine the enrollment priority groups to whom VA can provide timely, quality care.

Certain veterans are not required to be enrolled to receive care:

- Veterans with a service-connected disability of 50% or more, or
- Veterans for whom less than one year has passed since their discharge from military service for a disability that the military determined was incurred or aggravated in the line of duty, but that VA has not yet rated, or
- Veterans seeking care from VA only for a service-connected disability.

You may wish to contact your local VA health care facility to see if these or other exceptions apply to you.

Even if you fall into one of these categories, VA encourages you to enroll. Your enrollment will help VA better plan its delivery of quality care to all veterans. This will allow us to meet your health care needs more effectively in the future, and will assist us in providing you with better preventive and primary health care.

Basic Eligibility



Basic Eligibility Criteria

Enrollment History

The Veterans Health Care Eligibility Reform Act of 1996 (PL104-262) enacted **10/1/96**. Law required implementation of an annual enrollment system:

Note:

- Veterans receiving care between 10/1/1996 – 1/16/2003 were automatically enrolled and enrolled and eligible for continuous enrollment.
- Veterans initially presenting after 1/16/2003 must apply for enrollment.
- Enrollment is managed in accordance with specified priorities, with 1 being the highest priority—currently there are 8 priority group assignments
- VA's total Medical Benefits Package is available to all enrollees – as a standard enhanced health benefits plan

Basic Eligibility for VA Health Care Benefits

Title 38 Defines a Veteran Status for VA Health care benefits as:

- A Veteran is a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable
- Former Reservists may be eligible for VA health care benefits if they served full-time or in operational support (excludes training) purpose—activation under Title 10
- Former National Guard members may be eligible for care or enrollment if mobilized by a Federal order

Note: Reservists/Guard members injured in line of duty during training may apply for service connection

Basic Eligibility

- “Veterans” who enlisted after September 7, 1980
- Character of Discharge –Discharged from Active Military Service under honorable conditions.
- Time in Service – 24 consecutive months (National Guard/Reserves– time for which they were called to serve and must be called up by federal order)
- Needs Based Financial Disclosure

Basic Eligibility

Characters of Service: There are five (5) types of Character of Service Discharges: Honorable, Under Honorable Conditions, Other Than Honorable, Bad Conduct and Dishonorable.

- **“Honorable”** discharge or an **“Under honorable conditions”** discharge (also termed a general discharge) are eligible for VA health care benefits, *as long as minimum duty requirements are satisfied.*
- **“Other than Honorable (OTH)”** discharge may be upgraded to Honorable for VA health care (HVA) *require VARO review and decision* before routine care may be provided. (send VA Form 10-7131)
- If you see the term DVA on the HINQ as Character of Service, that indicates a 7131 was submitted and VARO has rendered the decision the OTH is Dishonorable for VA health care benefits.

Basic Eligibility

Minimum Duty Requirement

Persons enlisting in the Armed Forces **after** 9/7/80 (enlisted), or who entered on active duty after 10/16/81(officers), are not eligible for VHA benefits unless they completed:

- 24 months continuous active service, *or*
- the full period for which they were called or ordered to active duty
and discharged **“Under honorable conditions”** (also termed a general discharge)

Title 10 - Executive Order

Basic Eligibility

Exceptions to Minimum Duty Requirements:

38 USC 5303A - Minimum active duty requirements do not apply to persons discharged or released from active duty for:

- Early out (enlisted only)
- Hardship
- Disability that was incurred or aggravated in line of duty or veterans with compensable SC disability

Basic Eligibility

Minimum Duty Requirement – Early Out

[VHA HANDBOOK 1601A.02](#)

VARO confirmation **not required**:

- a. Discharge within 3 months before expiration of term of enlistment or extended enlistment (10 U.S.C. 1171)
- b. Overseas returnee

VARO confirmation of separation under 10 U.S.C. 1171 (early out) is needed if DD - 214 narrative shows:

- a. Convenience for the government
- b. Unit inactivation
- c. Secretarial authority
- d. Physical disqualification for duty in Military Occupational Specialty (MOS)
- e. Hardship due to disability

Basic Eligibility

Minimum Duty Requirement Exemption – Hardship

Hardship is an exemption to minimum duty requirement

- Parenthood or Dependency may be considered a hardship depending upon the authority that separated the individual.
- Hardship is not always specified on the DD 214.

Basic Eligibility

Minimum Duty Requirement – Hardship (Parenthood or Dependency)

Parenthood or Dependency may be considered a hardship depending upon the authority that separated the individual.

- For Branch of Service Army, **Chapter 5, AR 635-200** Parenthood or Dependency is not an exception because it is a discharge for the convenience of the Government for an individual that is not complying with Army policies, rules and regulations.

Basic Eligibility

Minimum Duty Requirement – Hardship (Parenthood or Dependency) (continued)

Parenthood or Dependency is a hardship for Army Personnel if discharge is under authority of **Chapter 6, AR 635-200**.

- Need to take care of a family member, or because of the burden of taking care of a child as a sole parent or service member with child married to another service member is causing a hardship to the extent it is interfering with normal duties or assignment availability

Basic Eligibility

Minimum Duty Requirement – Hardship (Parenthood or Dependency)

AR 635-200 Chapter 8 dealing with separation for pregnancy does not fall under the preview of Title 10, Section 1173 justification.

- An unwed service member or a service member that becomes pregnant is immediately given an option to initiate a family care plan and remain in the service as a sole parent or service member with child married to another service member or to be discharged.
- If they elect the discharge, they are granted an honorable discharge.
- If they don't meet the 24 month service requirement, they do not meet the requirements for VA health care.

Basic Eligibility

Minimum Duty Requirement Exemption – Disability

- Individuals who are discharged with a disability that was incurred or aggravated in line of duty or veterans with compensable SC disability.

15 Month Enlistment

- Fifteen (15) Month Enlistments: Per the FY 2003 Military Appropriations Act all branches of the Armed Forces except the Coast Guard (now part of Homeland Security) were required to initiate a shortened enlistment program by October 1, 2003, under the National Call to Service Initiative.
- Persons entering this program complete their basic and advanced training and their 15 months of active duty. Therefore, depending on their length of basic and specialty job training the actual length of enlistment can vary.
- Once this period is up the veteran has a choice to reenlist on active duty for a period specified in the original contract or go into the active National Guard or Reserves. Veterans who complete the time for which they were called to active duty under this enlistment qualify as "Veterans."

Basic Eligibility

Medical Benefits Package:

Enrolled Veterans have access to all benefits included in the medical benefits package.

- Preventive Care Services
- Inpatient and Outpatient Diagnostics and Treatment
- Prescription Services (as prescribed by VA Physician)

Basic Eligibility

Medical Benefits Package: (continued)

Limited Benefits:

- Eyeglasses and Hearing Aids (PG 5)

- Ambulance Service

- Non-VA Care

- Prosthetics, Durable Medical Equipment and Rehabilitative Devices

- Dental Care

- Certain Counseling Services

- VA Foreign Medical Program

Basic Eligibility

Medical Benefits Package

Enrolled Veterans have access to all benefits included in the medical benefits package.

Note:

- **Hearing aids** may be provided in the case of hearing loss that interferes with or restricts communication to the extent that it affects active participation in the provision of health care services as determined by the audiologist.
- **Eye glasses** may be provided in the case of vision loss that interferes with or restricts communication, quality of life or activities of daily living to the extent that it affects active participation in the provision of health care services as determined by the eye care practitioner or provider.

http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1789

Basic Eligibility

Long Term Care

- Geriatric Evaluations
- Adult Day Health Care
- Respite Care
- Home Health Care
- Hospice/Palliative care
- Nursing Home Care (limited benefits)
 - Veterans 70% or greater SC have mandatory access
- Domiciliary Care (limited benefits)

Basic Eligibility

General Exclusions (partial listing)

- Abortion Counseling
- In-Vitro Fertilization
- Certain Cosmetic Surgeries
- Health club or spa membership
- Special private duty nursing
- Gender alteration
- Medical Care for Prisoners or inmates

Basic Eligibility

Priority Group Assignments

Virtual VA Health University

<https://www.myvehucampus.com/desktop/#loc=contentid8611>

Why Priority Groups

The number of Veterans who can be enrolled in the health care program is determined by the amount of money Congress gives VA each year. Since funds are limited, VA set up Priority Groups to make sure that certain groups of Veterans are able to be enrolled before others.

When a Veteran applies for enrollment, their eligibility will be verified. Veterans are assigned to a Priority Group based on their specific eligibility status. The Priority Groups range from 1-8 with 1 being the highest priority for enrollment. Based on eligibility and income, some Veterans may have to agree to pay copay to be placed in certain Priority Groups and some Veterans may not be eligible for enrollment.

Veterans may be eligible for more than one Enrollment Priority Group. In that case, VA will always place the Veteran in the highest Priority Group they are eligible for. Under the Medical Benefits Package, the same services are generally available to all enrolled Veterans. VA determines Veterans eligibility for VA's comprehensive medical benefits package through the patient enrollment system, which is based on Priority Groups assignments.

Basic Eligibility

Priority Groups

Priority Group 1

- Rated service-connected disability 50% or more
- Unemployable due to VA service-connection

Priority Group 2

- Rated service-connected disability 30 % or 40%

Basic Eligibility

Priority Group 3

- Former Prisoners of War (POWs) – *Do not pay pharmacy copay*
- Medal Of Honor (MOH)
- Purple Heart medal
- Discharged due to a disability that was incurred or aggravated in the line of duty
- VA-rated service-connected disabilities 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, “benefits for individuals disabled by treatment or vocational rehabilitation”

Basic Eligibility

Priority Group 4

- Receiving aid and attendance or housebound benefits
- Determined by VA to be catastrophically disabled

Priority Group 5

- NSC and 0% Non-compensable SC veterans with income and net worth below established VA Means Test thresholds
- Veterans in receipt of VA pension benefits
- Veterans eligible for Medicaid benefits

Basic Eligibility

Priority Group 6

- Compensable 0% service-connected Veterans
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki
- Veterans exposed to the defoliant Agent Orange while serving in the Republic of Vietnam between 1962 and 1975
- Project 112/SHAD participants
- Veterans of Persian Gulf War (Aug 2, 1990 – Nov 11, 1998)
- Veterans who served in a theater of combat operations after November 11, 1998
- *Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning August 1, 1953, and ending December 31, 1987, However assigned to PG 7 or 8 depending on Veteran's income until system changes are implemented then will be re-assigned to appropriate Priority Group 6.

Basic Eligibility

Priority Group 6 (Continued)

- Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge.
- Combat Veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their 5 year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act.

Note: At the end of this enhanced enrollment priority group placement time period Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.

Basic Eligibility

Priority Group 7

- Veterans with income and/or net worth above the VA national income threshold and income below the geographic income threshold who agree to pay copays.

Basic Eligibility

Priority Group 8

Veterans with gross household income above the VA income limit and the geographically-adjusted income for their resident location and agree to pay copays

Veterans eligible for enrollment: Noncompensable 0% service-connected and:

Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status

Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA income limits or geographic income limits by 10% or less

Basic Eligibility

Priority Group 8 (continued)

Veterans eligible for enrollment: Nonservice-connected and:

Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status

Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA income limits or VA geographic income limits by 10% or less

Veterans not eligible for enrollment: Veterans not meeting the criteria above; Due to income above established thresholds or decline to provide their gross household income:

Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)

Subpriority g: Nonservice-connected

Duty to Assist

Note: If the DD-214 indicates OTH as the character of discharge, VHA must submit VA Form 10-7131, Exchange of Beneficiary Information and Request for Adjudicative Action, to the Regional Office (RO) for appropriate action to obtain an adjudicative decision. Eligibility status will be pending verification until a decision is rendered.

**Reference: VHA HANDBOOK
1601A.02**

Department of Veterans Affairs	
ORIGINATING FACILITY	
Complete this section if file number is not available	
BRANCH OF SERVICE	SERVICE NUMBER
LAST PERIOD OF SERVICE FROM:	DATE OF BIRTH
TO:	FILE NUMBER
FOR RO USE ONLY	
(Complete from Patient Claim Card, or type or print Name, File Number, Social Security No. and address)	
PART I - PURPOSE (Check appropriate box and complete)	
ADMISSION NOTICE	1. REPORT (Check one) <input type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL
2. PATIENT (Check all that apply) <input type="checkbox"/> IS INCOMPETENT <input type="checkbox"/> WAS ADMITTED OR READMITTED FOLLOWING AN IRREGULAR DISCHARGE	3. STATUS (Check one) <input type="checkbox"/> VA HOSPITAL <input type="checkbox"/> NONVA HOSPITAL <input type="checkbox"/> DOMICILIARY PATIENT <input type="checkbox"/> STATE HOME PATIENT
4. IF COMMITTED, ENTER COURT, LOCATION AND DATE COMMITTED	
5. REQUEST FOR INFORMATION/ADJUDICATIVE ACTION	
<input type="checkbox"/> A. FILE NO. <input type="checkbox"/> B. VERIFY MILITARY SERVICE INFORMATION SHOWN ABOVE, SHOW CORRECTIONS IN REMARKS SECTION, PART II <input type="checkbox"/> C. SERVICE CONNECTION <input type="checkbox"/> D. DATE AND TYPE OF DISCHARGE FROM MOST RECENT HOSPITAL OR DOMICILIARY CARE <input type="checkbox"/> E. MONETARY BENEFITS INFORMATION <input type="checkbox"/> DECISION ON OTHER THAN HONORABLE DISCHARGE <input type="checkbox"/> F. SPECIFY WHETHER VETERAN IS ENTITLED TO (Increased pension or additional compensation based on need for regular aid and attendance or by reason of being permanently house bound) <input type="checkbox"/> H. ADJUDICATIVE ACTION (When this is checked include in Item 5, date for determination of service connection; i.e., disease, injury or event condition, name and location of hospital, clinic, first and station where applicant states he received treatment during military service; date of treatment and condition treated.)	
6. REMARKS	
7. ADMISSION DIAGNOSIS	
PART II - EXTRACT FROM CLAIM FOLDER	
1. NO MONETARY BENEFITS <input type="checkbox"/> 2. ACTION <input type="checkbox"/> COMPETENT <input type="checkbox"/> INCOMPETENT <input type="checkbox"/> BY VA <input type="checkbox"/> BY COURT 3. COMPENSATION \$ 4. PENSION \$ 5. RETIREMENT PAY \$ 6A. BY WHOM PAID \$ 6. VETERAN HAS ENTITLEMENT FOR: A. AID AND ATTENDANCE <input type="checkbox"/> YES <input type="checkbox"/> NO B. HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO 7. APPOINTMENT \$ VETERAN NAME AND ADDRESS OF OTHER PAYEE \$ 8. GUARDIAN \$ NAME AND ADDRESS \$ CHECK ONE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE	
9. SERVICE CONNECTED CONDITIONS (Complete when information on monetary benefits is requested, enter 6 if only DR)	
DIAG CODES	%
DIAGNOSIS	
10. REMARKS	
FACILITY NAME AND NUMBER	
SIGNATURE	
DATE	
PART III - REQUEST (Check)	
1. VA FORM 10-7132	
2. HOSPITAL SUMMARY	
3. 30 DAY CERTIFICATE	
4. EXAMINATION OF CONDITIONS LISTED IN REMARKS	
5. SPECIAL REPORT (Specify in Remarks)	
6. COMPETENCY REPORT	
7. VA FORM 21-0880	
8. ASSET INFORMATION	
9. ADMISSION REPORT	
10. OUTPATIENT TREATMENT REPORT FROM TO	
11. BEGINNING DATE OF CARE UNDER CHAPTER 17 REHABILITATION PROGRAM	

VA FORM 10-7131 MAY 1985
EXISTING STOCKS OF VA FORM 10-7131 AUG 1985, WILL BE USED.

EXCHANGE OF BENEFICIARY INFORMATION AND REQUEST FOR ADMINISTRATIVE AND ADJUDICATIVE ACTION

Veteran Health Identification Card (VHIC)

Once we have a Veteran Verified and Enrolled in an Eligible Priority Group Assignment, the Veteran is entitled to receive a VHIC.

It is important to note, that the purpose of the card is for identifying Veterans when they present themselves for treatment and is not intended for any other purpose. However, there are other acceptable forms of identification that Veterans may present at time of care or service.

Veteran Health Identification Card (VHIC)

Forms of Acceptable Proof of Identification
when requesting VHIC:

Primary Identification	Secondary Identification
State-issued Driver's license	Social Security Card
U.S. Passport or U.S. Passport Card (unexpired)	Original or certified Birth Certificate
Foreign passport with Form I-94 or Form I-94A (unexpired)	Certification of Birth Abroad Issued by the Department of State (Form FS-545)
U.S. Military Card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
Military dependent's ID card	Voter's Registration Card
U.S. Coast Guard Merchant Mariner Card	Native American Tribal Document
Foreign passport that contains a temporary I-551 stamp	U.S. Citizen ID Card (Form I-197)

Veteran Health Identification Card (VHIC)

Forms of Acceptable Proof of Identification (Continued)

Primary Identification	Secondary Identification
Permanent Resident Card or Alien Registration Receipt Card (Form I- 551)	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Federal, state, or local government issued ID card with a photograph	Employment Authorization document issued by the Department of Homeland Security
Employment Authorization Document that contains a photograph (Form I- 766)	Canadian Drivers License

Further Information Regarding VHIC can be found by visiting VA's website at:
<http://vaww.vistau.med.va.gov/vistau/VHIC/default.htm>

Basic Eligibility

HEC Enrollment Notifications:

Sample Letters:

- 600C Welcome Enrollment
- 600D Welcome Letter with Potential Pension Eligibility
- 623A Rejected, Below EGT
- 623D Enrollment Reassessment
- 630D Purple Heart
- 640B Priority Change Notification – Catastrophic Disability
- 640V Previous Combat Veteran
- 164-16CC Creditable Coverage

Website: <http://vaww.va.gov/hec/Library/Letters/>

References

25 U.S. Code § 1645 - Sharing Arrangements with
Federal Agencies:

Title 38 Code of Federal Regulations (CFR) Section
17.38:

Veterans Health Care Eligibility Reform Act of
1996:

Enrollment and Eligibility Procedure Guide for Veterans
Affairs (VA) – Indian Health Services (IHS) and Tribal
Health Programs (THP) Reimbursement Agreements
Program

Basic Eligibility

QUESTIONS?